

# Excess Property

## Preliminary Information Sheet

The following information is required for all accountable property.  
Please fill in ALL of the blanks!

1. What type of property is it? \_\_\_\_\_

2. Manufacturer? \_\_\_\_\_

3. Model Number? \_\_\_\_\_

4. Serial Number? \_\_\_\_\_

5. What is the Department of Commerce Bar Code Number? \_\_\_\_\_

6. What Room number did it come from? \_\_\_\_\_

7. Does the equipment work? YES \_\_\_\_\_ NO \_\_\_\_\_

8. If NO, do you know what is wrong with it and have obtained an estimate for repairs?

Please explain - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print your name \_\_\_\_\_

Date \_\_\_\_\_ Phone Num. \_\_\_\_\_